

**"COBRA"**  
**GROUP CONTINUATION COVERAGE**  
**RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

**-- BASIC --**

<b>PLAN CODE</b>	<b>PLAN NAME</b>	<b>1 Party</b>	<b>2 Party</b>	<b>3 Party</b>
205	Blue Shield HMO	\$362.13	\$724.26	\$941.54
230	CA Assoc. Hwy. Patrolmen	\$398.02	\$772.70	\$1,010.63
274	CCPOA - North	\$338.64	\$677.28	\$913.92
284	CCPOA - South	\$279.48	\$558.96	\$754.80
056	Kaiser	\$342.34	\$684.69	\$890.09
**	Kaiser Out-of-State	\$485.44	\$970.88	\$1,262.14
222	PERS Choice	\$373.40	\$746.80	\$970.85
278	PERSCARE	\$626.07	\$1,252.13	\$1,627.77
207	PORAC	\$406.98	\$762.96	\$969.00
282	Western Health Advantage	\$328.92	\$657.84	\$855.19

\*\*            These premiums cover all Kaiser out-of-state areas.

Updated 06/04

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